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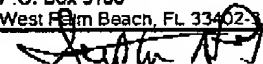
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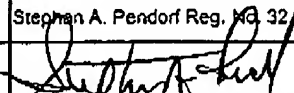
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| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/623,949             |          |
|  | Filing Date          | July 21, 2003          |          |
|  | First Named Inventor | Klinger et al          |          |
|  | Art Unit             | 3722                   |          |
|  | Examiner Name        | Talbot, Michael        |          |
| Total Number of Pages in This Submission   | 16                   | Attorney Docket Number | 3827 116 |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Amendment B & Request for Continued Examination |
| Remarks<br>Authorization is given to charge any necessary fees to Deposit Account No. 50-0951.   |  |  |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>  |  |  |
| Firm or Individual name  | Akerman Senterfitt/Stephan A. Pandorf Reg. No. 32,665<br>P.O. Box 3188<br>West Palm Beach, FL 33402-3188   |  |
| Signature  |   |  |
| Date   | Nov. 29, 2006  |  |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |
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